

## **Lottery Application**

Section 1: Entity/II	ransaction
<ul> <li>Check appropriate box:</li> <li>1. Applicant</li> <li>Individual: Please list individual's name.</li> <li>Corporation: On page 1 please list corporate name and on pastock holders showing the number of shares.</li> <li>Other: If more than one individual, on page 1 please list all in and on page 2 list the names with percentage of ownership. LLP, or LLC, list the partnership, LLP, or LLC name on page 2 list all individual partners' or members' names showing per ownership.</li> <li>3. City/County quota area:</li> </ul>	☐ New All Beverage dividuals' names f a partnership, 1 and on page
Section 2: General I	nformation
Please note: Only one lottery application per person will be accept individual, firm, partnership, limited liability company,  1. Name of Applicant	corporation or association.
Contact Person	
<ul> <li>If applying for a "Floater" All-Alcoholic Beverage license, answered that the applicant applied for a "Floater" All-Alcoholic Beverage</li></ul>	e lottery within the previous 12 months? Let do not qualify for entry in the lottery) Colic Beverage license?  Yes  No (If you the lottery) Letter of credit from a financial institution that Let No (Include a copy of the letter of credit with 23, chapter 5, part 3, 5, or 6. Legin business within one year of the lottery.
Section 3: Declaration	
If my application is drawn in the lottery, I agree to return a completed the appropriate fees within 30 days (60 days for "Floater") of being runderstand that information concerning ownership on this application will be disqualified. For example, if you complete this application as subsequent license application must also be as an individual.  Signature	notified that I was the successful applicant. I further n must be consistent with the license application or I
Printed Name	Title

**Important:** You must return only this lottery application by the deadline set in the publication notice. If the application is not complete, it will be disqualified. For information concerning the deadline for the specific area where you are applying, please call us at (406) 444-6900. Each lottery entrant will be notified of the drawing results.

Return to: Montana Department of Revenue, Liquor Control Division, PO Box 1712, Helena, MT 59624-1712

## Corporate Statement (includes corporations, LLCs and LLPs)

The stockholders, me	embers/partners are (please pr	rint):		
Name	Address	Social Security Number	Date of Birth	Number of Shares
	ctors of the corporation are (pl	ease print):		
Name	Address		Title	
		dodaro undor i	nonalty of folgo away	aring that the information
	Print name	, declare under p	penally of laise swee	anny that the information
	ement is true and complete.	5 '	_	
signature		Date	e	<del></del>